

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF MICHIGAN

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13☐ Check if this an amended filing

## Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Kavin

First name

L.

Middle name

Bring your picture identification to your meeting with the trustee.

Wickliffe

Last name and Suffix (Sr., Jr., II, III)

Deedria

First name

Middle name

Gilchrist - Wickliffe

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx-xx-4680

xxx-xx-1405

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s) \_\_\_\_\_

Business name(s) \_\_\_\_\_

EINs \_\_\_\_\_

EINs \_\_\_\_\_

**5. Where you live**

21130 Seminole  
Southfield, MI 48033

Number, Street, City, State & ZIP Code

Oakland  
County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing *this district* to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under**   *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- 
8. **How you will pay the fee**   ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?**   ☒ No.
- ☐ Yes.
- |          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**   ☒ No.
- ☐ Yes.
- |                       |       |                     |       |
|-----------------------|-------|---------------------|-------|
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
- 
11. **Do you rent your residence?**   ☒ No.   Go to line 12.
- ☐ Yes.   Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No.      Go to Part 4.

☐ Yes.      Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No.      I am not filing under Chapter 11.

☐ No.      I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.      I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes.      What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

\_\_\_\_\_  
Number, Street, City, State & Zip Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	<div>16a.   <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</div> <div><input type="checkbox"/> No. Go to line 16b.</div> <div><input checked="" type="checkbox"/> Yes. Go to line 17.</div> <div>16b.   <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</div> <div><input type="checkbox"/> No. Go to line 16c.</div> <div><input type="checkbox"/> Yes. Go to line 17.</div> <div>16c.   State the type of debts you owe that are not consumer debts or business debts</div> <div><hr/></div>
<div><b>17. Are you filing under Chapter 7?</b></div> <div><b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b></div>	<div><input type="checkbox"/> No.   I am not filing under Chapter 7. Go to line 18.</div> <div><input checked="" type="checkbox"/> Yes.   I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>
<b>18. How many Creditors do you estimate that you owe?</b>	<div><input checked="" type="checkbox"/> 1-49</div> <div><input type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> More than 100,000</div>
<b>19. How much do you estimate your assets to be worth?</b>	<div><input type="checkbox"/> \$0 - \$50,000</div> <div><input type="checkbox"/> \$50,001 - \$100,000</div> <div><input checked="" type="checkbox"/> \$100,001 - \$500,000</div> <div><input type="checkbox"/> \$500,001 - \$1 million</div> <div><input type="checkbox"/> \$1,000,001 - \$10 million</div> <div><input type="checkbox"/> \$10,000,001 - \$50 million</div> <div><input type="checkbox"/> \$50,000,001 - \$100 million</div> <div><input type="checkbox"/> \$100,000,001 - \$500 million</div> <div><input type="checkbox"/> \$500,000,001 - \$1 billion</div> <div><input type="checkbox"/> \$1,000,000,001 - \$10 billion</div> <div><input type="checkbox"/> \$10,000,000,001 - \$50 billion</div> <div><input type="checkbox"/> More than \$50 billion</div>
<b>20. How much do you estimate your liabilities to be?</b>	<div><input type="checkbox"/> \$0 - \$50,000</div> <div><input type="checkbox"/> \$50,001 - \$100,000</div> <div><input checked="" type="checkbox"/> \$100,001 - \$500,000</div> <div><input type="checkbox"/> \$500,001 - \$1 million</div> <div><input type="checkbox"/> \$1,000,001 - \$10 million</div> <div><input type="checkbox"/> \$10,000,001 - \$50 million</div> <div><input type="checkbox"/> \$50,000,001 - \$100 million</div> <div><input type="checkbox"/> \$100,000,001 - \$500 million</div> <div><input type="checkbox"/> \$500,000,001 - \$1 billion</div> <div><input type="checkbox"/> \$1,000,000,001 - \$10 billion</div> <div><input type="checkbox"/> \$10,000,000,001 - \$50 billion</div> <div><input type="checkbox"/> More than \$50 billion</div>

**Part 7: Sign Below**

<b>For you</b>	<p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p> <div><div>/s/ Kavin L. Wickliffe</div><div>Kavin L. Wickliffe</div><div>Signature of Debtor 1</div></div> <div><div>/s/ Deedria Gilchrist - Wickliffe</div><div>Deedria Gilchrist - Wickliffe</div><div>Signature of Debtor 2</div></div> <div><div>Executed on   April 15, 2019</div><div>MM / DD / YYYY</div></div> <div><div>Executed on   April 15, 2019</div><div>MM / DD / YYYY</div></div>
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Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number *(if known)*

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ John C. Lange

Signature of Attorney for Debtor

Date

April 15, 2019

MM / DD / YYYY

John C. Lange P39302

Printed name

Gold, Lange & Majoros PC

Firm name

24901 Northwestern Hwy.

Suite 444

Southfield, MI 48075

Number, Street, City, State & ZIP Code

Contact phone   (248) 350-8220

Email address

jlange@glmpc.com

P39302 MI

Bar number & State

**Fill in this information to identify your case:**

Debtor 1                      Kavin L. Wickliffe  
First Name                      Middle Name                      Last Name

Debtor 2                      Deedria Gilchrist - Wickliffe  
(Spouse if, filing)                      First Name                      Middle Name                      Last Name

United States Bankruptcy Court for the:    EASTERN DISTRICT OF MICHIGAN

Case number                      \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

	<b>Your assets</b> Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 200,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 54,545.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 254,545.00

**Part 2: Summarize Your Liabilities**

	<b>Your liabilities</b> Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 105,870.00
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 8,556.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 114,314.00
<b>Your total liabilities</b>	<b>\$ 228,740.00</b>

**Part 3: Summarize Your Income and Expenses**

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 5,214.00
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 5,202.00

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.



Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number (if known)

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 4,328.66

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ 8,000.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 556.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 57,889.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$ 66,445.00

Debtor 1	Kavin L. Wickliffe		
	First Name	Middle Name	Last Name
Debtor 2	Deedria Gilchrist - Wickliffe		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN			
Case number			

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☐ No. Go to Part 2.

☒ Yes. Where is the property?

21130 Seminole		
Street address, if available, or other description		
Southfield	MI	48033-0000
City	State	ZIP Code
Oakland		
County		

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_
- Who has an interest in the property?** Check one
- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$200,000.00	\$200,000.00

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

## Fee simple subject to mortgage

☐ **Check if this is community property**  
(see instructions)

Other information you wish to add about this item, such as local property identification number:

with attached lot  
2018 assessed value \$37,450.00  
attached lot 2018 assessed value \$4,420.00

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$200,000.00

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Case number (if known)

Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No  
☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No  
☒ Yes. Describe.....

Fishing equipment, bowling balls, sewing machine, bikes, ping pong table, etc.

\$500.00

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- ☐ No  
☒ Yes. Describe.....

1 hand gun

\$150.00

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No  
☒ Yes. Describe.....

Clothing

\$1,500.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No  
☒ Yes. Describe.....

Jewelry

\$200.00

Jewelry

\$100.00

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

- ☒ No  
☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

- ☐ No  
☒ Yes. Give specific information.....

Two CPAP machines, walkers, canes, blood pressure cuff, glucose machine, etc.

\$50.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$8,500.00

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the**

Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number (if known)

**portion you own?**  
Do not deduct secured  
claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash \$0.00

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Savings Michigan First Credit Union \$103.00

17.2. Checking and savings Cornerstone Community Financial CU \$84.00

17.3. Checking and savings Cornerstone Community Financial CU \$185.00

17.4. Electronic account Paypal \$0.00

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401k SVS Vision, Inc. Union Employees 401k profit sharing plan \$10,309.00

Pension American Axle & Manufacturing - 243.00 monthly \$0.00

\$0.00

## Institution name or individual:

☐ Yes..... Issuer name and description.

☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

☐ Yes. Give specific information about them...☐ Yes. Give specific information about them...☐ Yes. Give specific information about them...

Do not deduct secured claims or exemptions.

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

\$564.00

☒ Yes. Give specific information.....

\$0.00

☐ No

Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:
BCBS health insurance with dental and vision		\$0.00
VA health insurance		\$0.00
Home and auto insurance		\$0.00
Disability policy from employer - Co-Debtor received disability benefits for several weeks in January and February 2019. She is no longer receiving disability benefits		\$0.00
Umbrella policy		\$0.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

☒ No

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☐ No

☒ Yes. Give specific information..

Social Security Disability - \$1,074.00 monthly	\$0.00
---	--------

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$11,245.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

- ☐ No  
☒ Yes. Give specific information.....

Cemetery plot	\$800.00
---------------	----------

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$800.00

**Part 8: List the Totals of Each Part of this Form**

55.	Part 1: Total real estate, line 2 .....	\$200,000.00
56.	Part 2: Total vehicles, line 5	\$34,000.00
57.	Part 3: Total personal and household items, line 15	\$8,500.00
58.	Part 4: Total financial assets, line 36	\$11,245.00
59.	Part 5: Total business-related property, line 45	\$0.00
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00
61.	Part 7: Total other property not listed, line 54	\$800.00
	+	
62.	Total personal property. Add lines 56 through 61...	\$54,545.00
	Copy personal property total	\$54,545.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62	\$254,545.00



**Fill in this information to identify your case:**

Debtor 1	Kavin L. Wickliffe		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106C**
**Schedule C: The Property You Claim as Exempt**
**4/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

**Part 1: Identify the Property You Claim as Exempt**

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Debtor 1 Exemptions</b>			
2016 Chevrolet Silverado approx. 51,000 miles Line from <i>Schedule A/B</i> : 3.1	\$24,000.00	<input checked="" type="checkbox"/> \$3,525.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(g)
2012 Dodge Journey approx. 105,000 miles Line from <i>Schedule A/B</i> : 3.2	\$10,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(b)
Household goods and furniture including appliances, etc. Line from <i>Schedule A/B</i> : 6.1	\$5,000.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(c)
Electronics including tvs, computer equipment, speakers, cell phones, etc. Line from <i>Schedule A/B</i> : 7.1	\$1,000.00	<input checked="" type="checkbox"/> \$650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(h)
Fishing equipment, bowling balls, sewing machine, bikes, ping pong table, etc. Line from <i>Schedule A/B</i> : 9.1	\$500.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(c)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
1 hand gun Line from Schedule A/B: 10.1	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(c)
Clothing Line from Schedule A/B: 11.1	\$1,500.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(a)(iii)
Jewelry Line from Schedule A/B: 12.2	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(c)
Two CPAP machines, walkers, canes, blood pressure cuff, glucose machine, etc. Line from Schedule A/B: 14.1	\$50.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(a)(v)
Savings: Michigan First Credit Union Line from Schedule A/B: 17.1	\$103.00	<input checked="" type="checkbox"/> \$103.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(b)
Checking and savings: Cornerstone Community Financial CU Line from Schedule A/B: 17.2	\$84.00	<input checked="" type="checkbox"/> \$84.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(b)
Pension: American Axle & Manufacturing - 243.00 monthly Line from Schedule A/B: 21.2	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(l)
Pension: American Axle & Manufacturing - 243.00 monthly Line from Schedule A/B: 21.2	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 541(c)(2)
Pension: American Axle & Manufacturing - 243.00 monthly Line from Schedule A/B: 21.2	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)
Pension: GM - Fidelity Investments - \$608.00 monthly Line from Schedule A/B: 21.3	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(l)
Pension: GM - Fidelity Investments - \$608.00 monthly Line from Schedule A/B: 21.3	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 541(c)(2)
Pension: GM - Fidelity Investments - \$608.00 monthly Line from Schedule A/B: 21.3	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Child support: Child support arrearage for five children from Shawtaye Jones - all adults now - uncollectable Line from Schedule A/B: 29.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 330.1158a
BCBS health insurance with dental and vision Line from Schedule A/B: 31.1	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2207
BCBS health insurance with dental and vision Line from Schedule A/B: 31.1	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2210
VA health insurance Line from Schedule A/B: 31.2	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2207
Home and auto insurance Line from Schedule A/B: 31.3	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2207
Umbrella policy Line from Schedule A/B: 31.5	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2207
Social Security Disability - \$1,074.00 monthly Line from Schedule A/B: 35.1	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 USC §1383(d)(1)
Cemetery plot Line from Schedule A/B: 53.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(a)(iv)

3. **Are you claiming a homestead exemption of more than \$170,350**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

**Fill in this information to identify your case:**

Debtor 1  
 First Name Middle Name Last Name  
 Debtor 2  
 (Spouse if, filing) Deedria Gilchrist - Wickliffe  
 First Name Middle Name Last Name  
 United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN  
 Case number (if known)

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>Debtor 2 Exemptions</b> 21130 Seminole Southfield, MI 48033 Oakland County with attached lot 2018 assessed value \$37,450.00 attached lot 2018 assessed value \$4,420.00 Line from <i>Schedule A/B</i> : 1.1	\$200,000.00	<input checked="" type="checkbox"/> \$38,225.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(m)
Household goods and furniture including appliances, etc. Line from <i>Schedule A/B</i> : 6.1	\$5,000.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(c)
Electronics including tvs, computer equipment, speakers, cell phones, etc. Line from <i>Schedule A/B</i> : 7.1	\$1,000.00	<input checked="" type="checkbox"/> \$650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(h)
Fishing equipment, bowling balls, sewing machine, bikes, ping pong table, etc. Line from <i>Schedule A/B</i> : 9.1	\$500.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(c)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Clothing Line from Schedule A/B: 11.1	\$1,500.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(a)(iii)
Jewelry Line from Schedule A/B: 12.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(c)
Two CPAP machines, walkers, canes, blood pressure cuff, glucose machine, etc. Line from Schedule A/B: 14.1	\$50.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(a)(v)
Checking and savings: Cornerstone Community Financial CU Line from Schedule A/B: 17.3	\$185.00	<input checked="" type="checkbox"/> \$185.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(b)
Electronic account: Paypal Line from Schedule A/B: 17.4	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(b)
401k: SVS Vision, Inc. Union Employees 401k profit sharing plan Line from Schedule A/B: 21.1	\$10,309.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 541(c)(2)
401k: SVS Vision, Inc. Union Employees 401k profit sharing plan Line from Schedule A/B: 21.1	\$10,309.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(l)
401k: SVS Vision, Inc. Union Employees 401k profit sharing plan Line from Schedule A/B: 21.1	\$10,309.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)
Federal and State: Accrued 2019 tax refund estimated based on 2018 - \$1,691.00 total State only only Co-Debtor files taxes; Debtor is not required to file due to income level Line from Schedule A/B: 28.1	\$564.00	<input checked="" type="checkbox"/> \$564.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 600.5451(1)(b)
BCBS health insurance with dental and vision Line from Schedule A/B: 31.1	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2207
BCBS health insurance with dental and vision Line from Schedule A/B: 31.1	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2210

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Home and auto insurance Line from Schedule A/B: 31.3	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2207
Disability policy from employer - Co-Debtor received disability benefits for several weeks in January and February 2019. She is no longer receiving disability benefits Line from Schedule A/B: 31.4	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2207
Disability policy from employer - Co-Debtor received disability benefits for several weeks in January and February 2019. She is no longer receiving disability benefits Line from Schedule A/B: 31.4	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.4054
Umbrella policy Line from Schedule A/B: 31.5	\$0.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mich. Comp. Laws § 500.2207

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

Debtor 1	Kavin L. Wickliffe		
	First Name	Middle Name	Last Name
Debtor 2	Deedria Gilchrist - Wickliffe		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number			
(if known)			

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1	<p><b>City of Southfield</b></p> <p><small>Creditor's Name</small></p> <p>Water &amp; Sewer Department PO Box 33835 Detroit, MI 48232-0835</p> <p><small>Number, Street, City, State &amp; Zip Code</small></p>	<p><b>Describe the property that secures the claim:</b></p> <p>21130 Seminole Southfield, MI 48033 Oakland County with attached lot 2018 assessed value \$37,450.00 attached lot 2018 assessed value \$4,420.00</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Water bill</u></p>	\$1,174.00	\$200,000.00	\$0.00
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p>					
<p>Date debt was incurred <u>2019/arrears</u></p>		<p>Last 4 digits of account number <u>5885</u></p>			

Debtor 1 Kavin L. Wickliffe Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 Deedria Gilchrist - Wickliffe  
First Name Middle Name Last Name

**2.2** City of Southfield Describe the property that secures the claim: \$1,986.00 \$200,000.00 \$0.00  
Creditor's Name

Water & Sewer  
Department  
PO Box 33835  
Detroit, MI 48232-0835

Number, Street, City, State & Zip Code

21130 Seminole Southfield, MI 48033  
Oakland County  
with attached lot  
2018 assessed value \$37,450.00  
attached lot 2018 assessed value  
\$4,420.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) Water bill

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred 2019/arrears Last 4 digits of account number 7001

**2.3** Fifth Third Bank Describe the property that secures the claim: \$66,648.00 \$200,000.00 \$0.00  
Creditor's Name

PO Box 630412  
Cincinnati, OH 45263-0412

Number, Street, City, State & Zip Code

21130 Seminole Southfield, MI 48033  
Oakland County  
with attached lot  
2018 assessed value \$37,450.00  
attached lot 2018 assessed value  
\$4,420.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) Mortgage

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

2018/\$976.00  
0 monthly/2  
Date debt was incurred mos arrears Last 4 digits of account number 3471



Debtor 1 Kavin L. Wickliffe Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name  
Debtor 2 Deedria Gilchrist - Wickliffe  
First Name Middle Name Last Name

<div>2.4</div> <div>Michigan First Credit Union</div> <div>Creditor's Name</div> <div>27000 Evergreen Road</div> <div>Southfield, MI 48076</div> <div>Number, Street, City, State &amp; Zip Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>2017/\$275.00</div> <div>0</div> <div>monthly/curr</div> <div>Date debt was incurred ent</div>	<div>Describe the property that secures the claim:</div> <div>2012 Dodge Journey approx. 105,000 miles</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply.</div> <div><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div> <div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div> <div><input type="checkbox"/> Judgment lien from a lawsuit</div> <div><input checked="" type="checkbox"/> Other (including a right to offset)</div> <div>Auto loan</div> <div>\$12,008.00</div> <div>\$10,000.00</div> <div>\$2,008.00</div> <div>Last 4 digits of account number 2775</div>
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<div>2.5</div> <div>Santander Consumer USA Inc.</div> <div>Creditor's Name</div> <div>PO Box 961288</div> <div>Fort Worth, TX 76161</div> <div>Number, Street, City, State &amp; Zip Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>2018/\$585.00</div> <div>0</div> <div>monthly/arrears</div> <div>Date debt was incurred</div>	<div>Describe the property that secures the claim:</div> <div>2016 Chevrolet Silverado approx. 51,000 miles</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply.</div> <div><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div> <div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div> <div><input type="checkbox"/> Judgment lien from a lawsuit</div> <div><input checked="" type="checkbox"/> Other (including a right to offset)</div> <div>Auto loan</div> <div>\$24,054.00</div> <div>\$24,000.00</div> <div>\$54.00</div> <div>Last 4 digits of account number 1048</div>
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Add the dollar value of your entries in Column A on this page. Write that number here:  
If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

\$105,870.00
\$105,870.00

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code	On which line in Part 1 did you enter the creditor? <u>2.1</u>
	Client Services, Inc.	Last 4 digits of account number _____
	3451 Harry Truman Blvd	
	Saint Charles, MO 63301-4047	

Debtor 1 Kavin L. Wickliffe  
First Name Middle Name Last Name

Debtor 2 Deedria Gilchrist - Wickliffe  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

☐

Name, Number, Street, City, State & Zip Code  
Nationwide Credit, Inc.  
PO Box 14581  
Des Moines, IA 50306-3581

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 4145

☐

Name, Number, Street, City, State & Zip Code  
Santander Consumer USA Inc.  
PO Box 660633  
Dallas, TX 75266-0633

On which line in Part 1 did you enter the creditor? 2.5

Last 4 digits of account number 1048

**Fill in this information to identify your case:**

Debtor 1 Kavin L. Wickliffe  
First Name Middle Name Last Name

Debtor 2 Deedria Gilchrist - Wickliffe  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<u>Internal Revenue Service</u> Priority Creditor's Name <u>Centralized Insolvency Operations</u> <u>PO Box 7346</u> <u>Philadelphia, PA 19101-7346</u> Number Street City State Zip Code	<u>Last 4 digits of account number</u> <u>1405</u>	<u>\$556.00</u>	<u>\$556.00</u>
	<u>When was the debt incurred?</u> <u>2018</u>			<u>\$0.00</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <u>Personal income taxes</u>		

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

2.2	<u>MiSDU</u> Priority Creditor's Name <u>PO Box 30354</u> <u>Lansing, MI 48909-7854</u> Number Street City State Zip Code	<b>Last 4 digits of account number</b> <u>Unk.</u>	\$8,000.00	\$8,000.00	\$0.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>When was the debt incurred?</b> <u>2016</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <u>Child birth reimbursement for adult child - approx.</u> <u>\$13.00 monthly is being withdrawn fom SSD</u>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<u>Beaumont Health</u> Nonpriority Creditor's Name <u>PO Box 554878</u> <u>Detroit, MI 48255-4878</u> Number Street City State Zip Code	<b>Last 4 digits of account number</b> <u>9219</u>	Total claim	\$296.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bills</u>		

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

4.2	<b>Beaumont Service Center</b> Nonpriority Creditor's Name 26935 Northwestern Hwy Southfield, MI 48033 Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>9750</u> <b>\$250.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bills</u>
4.3	<b>Best Buy/CBNA</b> Nonpriority Creditor's Name 701 East 60th St. Sioux Falls, SD 57104 Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>Unk.</u> <b>\$1,296.00</b> <b>When was the debt incurred?</b> <u>2014</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
4.4	<b>Botsford Hospital</b> Nonpriority Creditor's Name 28050 Grand River Farmington Hills, MI 48336 Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>2007</u> <b>\$325.00</b> <b>When was the debt incurred?</b> <u>2018</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bills</u>

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

4.5	<u>Chase</u> Nonpriority Creditor's Name <u>Account Inquiries</u> <u>P.O. Box 15298</u> <u>Wilmington, DE 19850-5298</u> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>4145</u> <b>When was the debt incurred?</b> <u>2014</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	<u>\$1,174.00</u>
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4.6	<u>Chase Auto Finance</u> Nonpriority Creditor's Name <u>PO Box 9001801</u> <u>Louisville, KY 40290-1801</u> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>4601</u> <b>When was the debt incurred?</b> <u>2015</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Repossessed 2009 Buick Enclave</u>	<u>\$10,558.00</u>
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4.7	<u>Cornal Ridgell DMD</u> Nonpriority Creditor's Name <u>25296 Evergreen Road</u> <u>Southfield, MI 48075</u> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>3517</u> <b>When was the debt incurred?</b> <u>2019</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical bills</u>	<u>\$78.00</u>
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Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

<b>4.8</b>	<u>Cornerstone Community Credit Union</u> Nonpriority Creditor's Name <u>2955 University</u> <u>Auburn Hills, MI 48326</u> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>9083</u> <b>When was the debt incurred?</b> <u>2014</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	<u>\$2,430.00</u>
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<b>4.9</b>	<u>Cornerstone Community Credit Union</u> Nonpriority Creditor's Name <u>2955 University</u> <u>Auburn Hills, MI 48326</u> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>4321</u> <b>When was the debt incurred?</b> <u>2013</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	<u>\$2,756.00</u>
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<b>4.10</b>	<u>Credit Acceptance Corp.</u> Nonpriority Creditor's Name <u>25505 W. 12 Mile Rd.</u> <u>PO Box 513</u> <u>Southfield, MI 48037</u> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>4762</u> <b>When was the debt incurred?</b> <u>2018</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Reposessed 2010 Dodge Avenger</u>	<u>\$8,535.00</u>
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Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

4.1  
1

**Discover**

**Last 4 digits of account number** 8435 \$556.00

Nonpriority Creditor's Name  
PO Box 6103  
Carol Stream, IL 60197-6103

**When was the debt incurred?** 2015

Number Street City State Zip Code

**As of the date you file, the claim is:** Check all that apply

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Contingent

☒ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

**Type of NONPRIORITY unsecured claim:**

☐ **Check if this claim is for a community debt**

☐ Student loans

**Is the claim subject to offset?**

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Credit card purchases

4.1  
2

**Elaina Vayntrub MD**

**Last 4 digits of account number** 4372 \$62.00

Nonpriority Creditor's Name  
135 S. Prospect St.  
Ypsilanti, MI 48198-7914

**When was the debt incurred?** 2018

Number Street City State Zip Code

**As of the date you file, the claim is:** Check all that apply

**Who incurred the debt?** Check one.

☒ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

**Type of NONPRIORITY unsecured claim:**

☐ **Check if this claim is for a community debt**

☐ Student loans

**Is the claim subject to offset?**

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Medical bills

4.1  
3

**Forest Health Medical Center**

**Last 4 digits of account number** 4332 \$30.00

Nonpriority Creditor's Name  
62907 Collection Center Dr.  
Chicago, IL 60693-0629

**When was the debt incurred?** 2018

Number Street City State Zip Code

**As of the date you file, the claim is:** Check all that apply

**Who incurred the debt?** Check one.

☒ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

**Type of NONPRIORITY unsecured claim:**

☐ **Check if this claim is for a community debt**

☐ Student loans

**Is the claim subject to offset?**

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Medical bills



Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

4.1  
4

Greensky

Last 4 digits of account number 4308

\$6,430.00

Nonpriority Creditor's Name

Dept #3025

PO Box 2153

Birmingham, AL 35287-3025

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2017/\$148.00 monthly

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Roof

4.1  
5

GS Loan SVCS/SYNOVUS

Last 4 digits of account number Unk.

\$6,580.00

Nonpriority Creditor's Name

1797 NE Expressway

GS Loan Services

Atlanta, GA 30329

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Loan

4.1  
6

Halpern And Associates

Last 4 digits of account number 75

\$270.00

Nonpriority Creditor's Name

c/o First Federal Credit Control Inc.

24700 Chagrin Blvd., Suite 205

Beachwood, OH 44122

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify cOLLECTION

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

4.1  
7

Inland Finance Company

Nonpriority Creditor's Name

PO Box 1323

Des Moines, IA 50306-1323

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** Unk.

Unknown

**When was the debt incurred?** 1998

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify UCC

4.1  
8

Jefferson Capital System

Nonpriority Creditor's Name

16 Mcleland Road

Saint Cloud, MN 56303

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** Unk.

\$1,617.00

**When was the debt incurred?** 2017

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Collection

4.1  
9

Navient

Nonpriority Creditor's Name

PO Box 9655

Wilkes Barre, PA 18773

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 5521

\$57,889.00

**When was the debt incurred?** 2017/deferred

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Student loan

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

4.2  
0

**Oakland Co Employees Fed CU**

Last 4 digits of account number 1101

\$7,653.00

Nonpriority Creditor's Name

1220 W. County Center Dr

Pontiac, MI 48053

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Auto

4.2  
1

**Oakland County Michigan  
Management & Bud**

Last 4 digits of account number 38AF

\$1,625.00

Nonpriority Creditor's Name

Courthouse Bldg 12E

1200 N. Telegraph Road

Pontiac, MI 48341-0455

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2009

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Bench warrant for Juvenile fees

4.2  
2

**Ophthalmic Specialists of Michigan**

Last 4 digits of account number 0436

\$60.00

Nonpriority Creditor's Name

33400 W. Six Mile Road

Livonia, MI 48152-3143

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Medical bills

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

4.2  
3

**Portfolio Recovery Associates**

Last 4 digits of account number unk.

\$1,037.00

Nonpriority Creditor's Name

120 Corporate Blvd., Ste 100  
Norfolk, VA 23502

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Collection

4.2  
4

**Sprint**

Last 4 digits of account number 7612

\$896.00

Nonpriority Creditor's Name

c/o Diversified Consultants, Inc.  
PO Box 551268  
Jacksonville, FL 32255-1268

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Services

4.2  
5

**Steven Poplawski MD PLLC**

Last 4 digits of account number 4943

\$30.00

Nonpriority Creditor's Name

9354 Whispering Pines Drive  
Saline, MI 48176-9038

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Medical bills

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

4.2  
6

**Synchrony Bank Attn: Bankruptcy**

Nonpriority Creditor's Name

**PO Box 965061**

**Orlando, FL 32896-5061**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

**Last 4 digits of account number** 8718

\$414.00

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit card purchases

4.2  
7

**Synchrony Bank Attn: Bankruptcy**

Nonpriority Creditor's Name

**PO Box 965061**

**Orlando, FL 32896-5061**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

**Last 4 digits of account number** 5126

\$1,037.00

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit card purchases

4.2  
8

**Universal Credit Services**

Nonpriority Creditor's Name

**PO Box 158**

**Hartland, MI 48353-0158**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

**Last 4 digits of account number** 7911

\$130.00

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Collection

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

4.2  
9

Vibe Credit Union

Last 4 digits of account number 0111

Unknown

Nonpriority Creditor's Name  
fdba Oakland County Credit Union  
1375 N. Oakland Blvd.  
Waterford, MI 48327

When was the debt incurred? 2018

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

- ☒ No  
☐ Yes

☒ Other. Specify Surrendered 2006 Honda Goldwing motorcycle

4.3  
0

Vicky Savas, MD PC

Last 4 digits of account number 7338

\$300.00

Nonpriority Creditor's Name  
16014 Collections Center  
Chicago, IL 60693-6014

When was the debt incurred? 2019

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

- ☒ No  
☐ Yes

☒ Other. Specify Medical bills

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
American Coradius International, LLC  
2420 Sweet Home Road  
Suite 150  
Buffalo, NY 14228-2244

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8718

Name and Address  
Client Services, Inc.  
3451 Harry Truman Blvd  
Saint Charles, MO 63301-4047

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5885

Name and Address  
Greensky  
PO Box 71215  
Charlotte, NC 28272-1215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

Nationwide Credit, Inc.  
PO Box 14581  
Des Moines, IA 50306-3581

Line 4.5 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0928

Name and Address  
Navient  
PO Box 740351  
Atlanta, GA 30374-0351

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
Portfolio Recovery Associates, LLC  
PO Box 12914  
Norfolk, VA 23541

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5126

Name and Address  
Roosen, Varchetti & Olivier, PLLC  
PO Box 2305  
Mount Clemens, MI 48046

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4762

Name and Address  
Source Receivables Managemetr  
4615 Dundas Dr.  
Ste. 102  
Greensboro, NC 27407

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
United States Attorneys Office  
211 West Fort Street  
Detroit, MI 48226

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
Vibe Credit Union  
1375 N. Oakland Blvd.  
Waterford, MI 48327

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7902

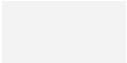
**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>8,000.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>556.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>8,556.00</u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u>57,889.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>56,425.00</u>

Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_



6j.   **Total Nonpriority.** Add lines 6f through 6i.

6j.   \$                   114,314.00



**Fill in this information to identify your case:**

Debtor 1                      Kavin L. Wickliffe  
First Name                      Middle Name                      Last Name

Debtor 2                      Deedria Gilchrist - Wickliffe  
(Spouse if, filing)                      First Name                      Middle Name                      Last Name

United States Bankruptcy Court for the:    EASTERN DISTRICT OF MICHIGAN

Case number                      \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Name  Number      Street  City                      State                      ZIP Code	
2.2	Name  Number      Street  City                      State                      ZIP Code	
2.3	Name  Number      Street  City                      State                      ZIP Code	
2.4	Name  Number      Street  City                      State                      ZIP Code	
2.5	Name  Number      Street  City                      State                      ZIP Code	

**Fill in this information to identify your case:**

Debtor 1	Kavin L. Wickliffe		
	First Name	Middle Name	Last Name
Debtor 2	Deedria Gilchrist - Wickliffe		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN		
Case number			
(if known)			

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1 Nydria L. Gilchrist  
19303 Gaynon Drive  
Clinton Township, MI 48035

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.10  
☐ Schedule G \_\_\_\_\_  
Credit Acceptance Corp.

Fill in this information to identify your case:

Debtor 1 Kavin L. Wickliffe

Debtor 2 Deedria Gilchrist - Wickliffe  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed  
☒ Not employed

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

Optician

SVS Vision, Inc.

140 Macomb  
Mount Clemens, MI 48043

2013

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>3,948.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>3,948.00</u>

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 3,948.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 672.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 139.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 48.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 859.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 0.00	\$ 3,089.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 1,074.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>American Axle Pension</u> <u>Fidelity GM Pension</u> <u>Daughter's contribution</u>	8h.+ \$ 243.00 \$ 608.00 \$ 200.00	+ \$ 0.00 \$ 0.00 \$ 0.00
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,125.00	\$ 0.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,125.00 + \$ 3,089.00 = \$ 5,214.00	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		11. +\$ 0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ 5,214.00 <b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Kavin L. Wickliffe

Debtor 2 Deedria Gilchrist - Wickliffe  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Grandson

1

☐ No  
☒ Yes

Granddaughter

1

☐ No  
☒ Yes

Grandson

7

☐ No  
☒ Yes

Grandson

9

☐ No  
☒ Yes

Daughter

22

☐ No  
☒ Yes

Daughter

23

☐ No  
☒ Yes

Daughter

27

☐ No  
☒ Yes

Daughter

33

☐ No  
☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 800.00

Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

**If not included in line 4:**

4a.	Real estate taxes	4a. \$	0.00
4b.	Property, homeowner's, or renter's insurance	4b. \$	0.00
4c.	Home maintenance, repair, and upkeep expenses	4c. \$	0.00
4d.	Homeowner's association or condominium dues	4d. \$	0.00
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$	0.00

Debtor 1 Kavin L. Wickliffe  
Debtor 2 Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ 475.00
6b. Water, sewer, garbage collection	6b. \$ 80.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 320.00
6d. Other. Specify: _____	6d. \$ 0.00
7. <b>Food and housekeeping supplies</b>	7. \$ 1,000.00
8. <b>Childcare and children's education costs</b>	8. \$ 0.00
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ 215.00
10. <b>Personal care products and services</b>	10. \$ 150.00
11. <b>Medical and dental expenses</b>	11. \$ 90.00
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 150.00
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ 100.00
14. <b>Charitable contributions and religious donations</b>	14. \$ 360.00
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 446.00
15d. Other insurance. Specify: <u>Umbrella policy</u>	15d. \$ 35.00
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Repayment to the IRS for 2018 taxes</u>	16. \$ 1.00
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ 585.00
17b. Car payments for Vehicle 2	17b. \$ 275.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ 0.00
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ 0.00
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. <b>Other:</b> Specify: <u>Miscellaneous exp. (postage, tabs, gifts, emergencies)</u>	21. +\$ 100.00
<u>Gym membership</u>	+\$ 20.00
22. <b>Calculate your monthly expenses</b>	
22a. Add lines 4 through 21.	\$ 5,202.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 5,202.00
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 5,214.00
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 5,202.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 12.00
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: <u>Rent and utilities are estimated.</u>

**Fill in this information to identify your case:**

Debtor 1 Kavin L. Wickliffe  
First Name Middle Name Last Name

Debtor 2 Deedria Gilchrist - Wickliffe  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kavin L. Wickliffe  
Kavin L. Wickliffe  
Signature of Debtor 1

Date April 15, 2019

X /s/ Deedria Gilchrist - Wickliffe  
Deedria Gilchrist - Wickliffe  
Signature of Debtor 2

Date April 15, 2019



**Fill in this information to identify your case:**

Debtor 1 Kavin L. Wickliffe  
First Name Middle Name Last Name

Debtor 2 Deedria Gilchrist - Wickliffe  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:****Dates Debtor 1 lived there****Debtor 2 Prior Address:****Dates Debtor 2 lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:****Debtor 1****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)☒ Wages, commissions, bonuses, tips

\$0.00

☐ Operating a business**Debtor 2****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)☒ Wages, commissions, bonuses, tips

\$8,436.00

☐ Operating a business

	<b>Debtor 1</b>		<b>Debtor 2</b>	
	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$49,337.00
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$46,206.00

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>	
	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	American Axle Pension- Husband - YTD est.	\$971.00		
	GM Fidelity Pension - Husband - YTD est.	\$2,432.00		
	Social Security Disability - Husband - YTD est.	\$4,296.00		
		\$0.00	Disability - YTD est.	\$1,757.00
<b>For last calendar year:</b> <b>(January 1 to December 31, 2018 )</b>	American Axle Pension - Husband	\$2,913.00		
	GM Fidelity Pension - Husband - est.	\$7,236.00		
	Social Security Disability - Husband - est.	\$12,684.00		
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2017 )</b>	American Axle Pension - Husband - est.	\$2,913.00		
	GM Fidelity Pension - Husband - est.	\$7,236.00		

<b>Debtor 1</b>		<b>Debtor 2</b>	
<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
Social Security Disability - Husband - est.	\$12,684.00		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<b>Creditor's Name and Address</b>	<b>Dates of payment</b>	<b>Total amount paid</b>	<b>Amount you still owe</b>	<b>Was this payment for ...</b>
Fifth Third Bank PO Box 630412 Cincinnati, OH 45263-0412	2/2019	\$976.00	\$66,648.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____
Michigan First Credit Union 27000 Evergreen Road Southfield, MI 48076	2/2019-4/2019	\$825.00	\$12,008.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____
Santander Consumer USA Inc. PO Box 961288 Fort Worth, TX 76161	2/2019-4/2019	\$1,150.00	\$24,054.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Credit Acceptance vs. Debtor, et. al. Case No. GC184762	Collection	46th District Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Vibe Credit Union fdba Oakland County Credit Union 1375 N. Oakland Blvd. Waterford, MI 48327	Surrendered 2006 Honda Goldwing motorcycle <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	approx. 9/2018	\$11,000.00
Chase Auto Finance PO Box 9001801 Louisville, KY 40290-1801	Surrendered 2009 Buick Enclave <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	approx. 10/2018	\$10,000.00

Creditor Name and Address	Describe the Property	Date	Value of the property
Credit Acceptance Corp. 25505 W. 12 Mile Rd. PO Box 513 Southfield, MI 48037	<b>Explain what happened</b> Repossessed 2010 Dodge Avenger  <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	approx. 7/2018	\$7,000.00

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No  
☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			
True Church Global Misitries Detroit, MI	Money - approx. \$360.00 monthly	Within the last 12 months	Unknown

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

**Part 7: List Certain Payments or Transfers**

16. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Gold, Lange & Majoros 24901 Northwestern Hwy Suite 444 Southfield, MI 48075	Attorney fees	3/15/19 - \$850.00 including \$335.00 filing fee 3/26/19 - \$850.00	\$1,700.00
CC Advising, Inc.	Credit Counseling	3/10/19	\$20.00

17. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
---	---	--	------------------------

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

☒ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Vibe Credit Union fdba Oakland County Credit Union 1375 N. Oakland Blvd. Waterford, MI 48327	XXXX-011	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	9/2018	\$5.00
Security Credit Union	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	approx. 1/2019	\$32.00
Security Credit Union	XXXX-	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	approx. 1/2019	\$5.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10:** Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
□ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No  
□ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
□ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11:** Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.  
□ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
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Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number *(if known)*

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Name  
Address  
(Number, Street, City, State and ZIP Code)

Date Issued

Debtor 1   Kavin L. Wickliffe  
Debtor 2   Deedria Gilchrist - Wickliffe

Case number (if known) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kavin L. Wickliffe  
Kavin L. Wickliffe  
Signature of Debtor 1

/s/ Deedria Gilchrist - Wickliffe  
Deedria Gilchrist - Wickliffe  
Signature of Debtor 2

Date April 15, 2019

Date April 15, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**United States Bankruptcy Court  
Eastern District of Michigan**

In re Kavin L. Wickliffe  
Deedria G. Wickliffe

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**STATEMENT OF ATTORNEY FOR DEBTOR(S)  
PURSUANT TO F.R.BANKR.P. 2016(b)**

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

1. The undersigned is the attorney for the Debtor(s) in this case.

2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]

☐ **FLAT FEE**

- A. For legal services rendered in contemplation of and in connection with this case,  
exclusive of the filing fee paid ..... \_\_\_\_\_
- B. Prior to filing this statement, received ..... \_\_\_\_\_
- C. The unpaid balance due and payable is ..... \_\_\_\_\_

☒ **RETAINER**

- A. Amount of retainer received ..... 1,365.00
- B. The undersigned shall bill against the retainer at an hourly rate of hourly. [See attached firm hourly rate schedule.]  
Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

3. \$ 335.00 of the filing fee has been paid.

4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]

- A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- ~~D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- E. Reaffirmations;
- F. Redemptions;
- G. Other:

5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding

6. The source of payments to the undersigned was from:

- A. XX Debtor(s)' earnings, wages, compensation for services performed
- B. \_\_\_\_\_ Other (describe, including the identity of payor) \_\_\_\_\_

7. The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:

Dated: April 15, 2019

/s/ John C. Lange

Attorney for the Debtor(s)  
John C. Lange P39302  
Gold, Lange & Majoros PC  
24901 Northwestern Hwy.  
Suite 444  
Southfield, MI 48075  
(248) 350-8220 jlange@glmipc.com

Agreed: /s/ Kavin L. Wickliffe  
Kavin L. Wickliffe  
Debtor

/s/ Deedria G. Wickliffe  
Deedria G. Wickliffe  
Debtor

**GOLD, LANGE & MAJOROS, P.C. HOURLY RATES**

STUART A. GOLD, Attorney	\$395.00
ELIAS T. MAJOROS, Attorney	\$350.00
JOHN C. LANGE, Attorney	\$350.00
JOHN W. NEMECEK, Attorney	\$275.00
JASON P. SMALARZ, Attorney	\$275.00
DENISE WHITE, Paralegal	\$125.00
TONI WILLIS, Paralegal	\$ 95.00
CHRISTEN WILDER, Paralegal	\$ 85.00

H:\Toni\HOURLY2.wpd

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

## Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial  
difficulty preventing them from paying their debts  
and who are willing to allow their nonexempt  
property to be used to pay their creditors. The  
primary purpose of filing under chapter 7 is to have  
your debts discharged. The bankruptcy discharge  
relieves you after bankruptcy from having to pay  
many of your pre-bankruptcy debts. Exceptions exist  
for particular debts, and liens on property may still  
be enforced after discharge. For example, a creditor  
may have the right to foreclose a home mortgage or  
repossess an automobile.

However, if the court finds that you have committed  
certain kinds of improper conduct described in the  
Bankruptcy Code, the court may deny your  
discharge.

You should know that even if you file chapter 7 and  
you receive a discharge, some debts are not  
discharged under the law. Therefore, you may still  
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement  
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.



**United States Bankruptcy Court  
Eastern District of Michigan**

In re	Kavin L. Wickliffe Deedria Gilchrist - Wickliffe	Debtor(s)	Case No.	
			Chapter	7

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: April 15, 2019	/s/ Kavin L. Wickliffe
	Kavin L. Wickliffe
	Signature of Debtor
 Date: April 15, 2019	 /s/ Deedria Gilchrist - Wickliffe
	Deedria Gilchrist - Wickliffe
	Signature of Debtor

American Coradius International, LLC  
2420 Sweet Home Road  
Suite 150  
Buffalo NY 14228-2244

Beaumont Health  
PO Box 554878  
Detroit MI 48255-4878

Beaumont Service Center  
26935 Northwestern Hwy  
Southfield MI 48033

Best Buy/CBNA  
701 East 60th St.  
Sioux Falls SD 57104

Botsford Hospital  
28050 Grand River  
Farmington Hills MI 48336

Chase  
Account Inquiries  
P.O. Box 15298  
Wilmington DE 19850-5298

Chase Auto Finance  
PO Box 9001801  
Louisville KY 40290-1801

City of Southfield  
Water & Sewer Department  
PO Box 33835  
Detroit MI 48232-0835

Client Services, Inc.  
3451 Harry Truman Blvd  
Saint Charles MO 63301-4047

Cornal Ridgell DMD  
25296 Evergreen Road  
Southfield MI 48075

Cornerstone Community Credit Union  
2955 University  
Auburn Hills MI 48326

Credit Acceptance Corp.  
25505 W. 12 Mile Rd.  
PO Box 513  
Southfield MI 48037

Discover  
PO Box 6103  
Carol Stream IL 60197-6103

Elaina Vayntrub MD  
135 S. Prospect St.  
Ypsilanti MI 48198-7914

Fifth Third Bank  
PO Box 630412  
Cincinnati OH 45263-0412

Forest Health Medical Center  
62907 Collection Center Dr.  
Chicago IL 60693-0629

Greensky  
Dept #3025  
PO Box 2153  
Birmingham AL 35287-3025

Greensky  
PO Box 71215  
Charlotte NC 28272-1215

GS Loan SVCS/SYNOVUS  
1797 NE Expressway  
GS Loan Services  
Atlanta GA 30329

Halpern And Associates  
c/o First Federal Credit Control Inc.  
24700 Chagrin Blvd., Suite 205  
Beachwood OH 44122

Inland Finance Company  
PO Box 1323  
Des Moines IA 50306-1323

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia PA 19101-7346

Jefferson Capital System  
16 Mclelland Road  
Saint Cloud MN 56303

Michigan First Credit Union  
27000 Evergreen Road  
Southfield MI 48076

MiSDU  
PO Box 30354  
Lansing MI 48909-7854

Nationwide Credit, Inc.  
PO Box 14581  
Des Moines IA 50306-3581

Navient  
PO Box 9655  
Wilkes Barre PA 18773

Navient  
PO Box 740351  
Atlanta GA 30374-0351

Nydria L. Gilchrist  
19303 Gaynon Drive  
Clinton Township MI 48035

Oakland Co Employees Fed CU  
1220 W. County Center Dr  
Pontiac MI 48053

Oakland County Michigan Management & Bud  
Courthouse Bldg 12E  
1200 N. Telegraph Road  
Pontiac MI 48341-0455

Ophthalmic Specialists of Michigan  
33400 W. Six Mile Road  
Livonia MI 48152-3143

Portfolio Recovery Associates  
120 Corporate Blvd., Ste 100  
Norfolk VA 23502

Portfolio Recovery Associates, LLC  
PO Box 12914  
Norfolk VA 23541

Roosen, Varchetti & Olivier, PLLC  
PO Box 2305  
Mount Clemens MI 48046

Santander Consumer USA Inc.  
PO Box 961288  
Fort Worth TX 76161

Santander Consumer USA Inc.  
PO Box 660633  
Dallas TX 75266-0633

Source Receivables Managemetn  
4615 Dundas Dr.  
Ste. 102  
Greensboro NC 27407

Sprint  
c/o Diversified Consultants, Inc.  
PO Box 551268  
Jacksonville FL 32255-1268

Steven Poplawski MD PLLC  
9354 Whispering Pines Drive  
Saline MI 48176-9038

Synchrony Bank Attn: Bankruptcy  
PO Box 965061  
Orlando FL 32896-5061

United States Attorneys Office  
211 West Fort Street  
Detroit MI 48226

Universal Credit Services  
PO Box 158  
Hartland MI 48353-0158

Vibe Credit Union  
fdba Oakland County Credit Union  
1375 N. Oakland Blvd.  
Waterford MI 48327

Vibe Credit Union  
1375 N. Oakland Blvd.  
Waterford MI 48327

Vicky Savas, MD PC  
16014 Collections Center  
Chicago IL 60693-6014